Payment to Agency Report

1. Agency Name
   Monterey County
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Street Address
   168 W Alisal Street, Salinas, CA 93901
   Area Code/Phone Number
   831-755-5113
   Email
   BaumanL@co.monterey.ca.us
   Agency Contact (name and title)
   Lew Bauman, County Administrative Officer

2. Donor Name and Address
   □ Individual
   □ Other
   Monterey Peninsula Water Management Distri
   5 Harris Court, Monterey, CA 93940
   Address
   Monterey
   State
   CA
   Zip Code
   93940

   MPWMD is a public agency that manages surface and groundwater resources.

   If "Other" is marked, describe the entity’s business activity (if business) or its nature and interests.

   If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

<table>
<thead>
<tr>
<th>Name</th>
<th>$</th>
<th>Amount</th>
</tr>
</thead>
</table>

   | Name | $ | Amount |

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

   3.1 (a) Travel Payment
   Washington, D.C.
   Location of Travel
   Dates (month, day, year)
   02/26/18 - 03/07/18
   United Airlines
   Transportation Provider
   □ Rail □ Air □ Bus □ Auto □ Other
   $ Lodging Expenses
   $ Meal Expenses
   $ 801.00
   Transportation Expenses
   $ Other Expenses
   $ Total Expenses

   3.1 (b) Payment(s) not related to travel:
   n/a
   □ Rail □ Air □ Bus □ Auto □ Other
   n/a
   $ Total Expenses

   3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

   Two-way airfare expenses are paid by MPWMD for Director Adams to attend the annual Association of California Water Agencies Annual Conference in Washington D.C. Supervisor Adams will subsequently attend the National Association of Counties conference on behalf of Monterey County.

   3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

   Adams
   Last Name
   n/a
   First Name
   n/a
   Supervisor, 5th District
   Position/Title
   Monterey County
   Department/Division
   n/a

   Mary L.
   Last Name
   n/a
   First Name
   n/a
   Supervisor, 5th District
   Position/Title
   Monterey County
   Department/Division
   n/a

4. Verification

   I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

   Signature
   Dr. Lew Bauman
   County Administrative Officer
   02/23/18
   (month, day, year)